

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1	1				
5		1				
6		1				
7		2				
8		2				
9		2				
10		2				
11		2				
12		2				
13		1				
14		1				
15		1				
16		1				
17		1				
18		2				
19		2				
20		2				
21	1					
22	1					
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		2				
52		2				
53		2				
54		2				
55		2				
56		2				
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99						
100						
TOTAL IND.	6					
TOTAL DEP.	84					
TOTAL CLAIMS	90					